

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2729AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AEGIS OF LAS VEGAS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9100 W DESERT INN RD LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure grading survey conducted in your facility on 10/6/15. This State Licensure survey was conducted by the authority of NRS 449.0307 Powers of the Division of Public and Behavioral Health.</p> <p>The facility is licensed for 72 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of survey was 69. Fifteen resident files were reviewed and fifteen employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 255 SS=B	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections.</p> <p>6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC.</p>	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/26/15

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Y 450	<p>Continued From page 2</p> <p>resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 15 employees completed the training on cardiopulmonary resuscitation (CPR) and first aid (FA) (Employees #3 and #4).</p> <p>Findings include:</p> <p>- Review of personnel files revealed:</p> <p>Employee #3 was hired on 5/23/15 as Care Manager. There was no documented evidence the employee completed the required CPR/FA training.</p> <p>Employee #4 was hired on 8/25/15 as Care Manager. The employee completed an online training on 2/26/15 and the certificate was valid until 2/25/17. However, it was an online training and did not give the employee the opportunity to do hands-on competency evaluation.</p> <p>- The Administrator and Assistant General Manager acknowledged the findings.</p> <p>Severity: 2    Scope: 1</p>	Y 450		

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Y 859	Continued From page 3	Y 859		
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 15 residents completed the required annual physical examination (Resident #14).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Review of resident files revealed Resident #14 was admitted on 4/28/12. The resident completed a physical examination on 4/26/15; however, there was no documented evidence of a 2014 physical examination.</li> <li>- On 10/6/15, the Administrator acknowledged the finding.</li> </ul> <p>Severity: 2    Scope: 1</p>	Y 859		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis	Y 936		

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Y 936	<p>Continued From page 4</p> <p>NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 5 of 15 residents completed the initial 2-Step tuberculosis (TB) skin test, in accordance with NRS 441A (Residents #1, #2, #3, #4 and #15).</p> <p>Findings include:</p> <p>- Review of resident files revealed:</p> <p>Resident #1 was admitted on 7/30/15. The resident's 1st Step TB skin test was administered on 7/17/15 and read on 7/20/15 with negative result. There was no documented evidence of a 2nd Step TB skin test.</p> <p>Resident #2 was admitted on 8/28/15. The resident's 1st Step TB skin test was administered on 8/25/15 and read on 8/27/15 with negative result. There was no documented evidence of a</p>	Y 936		

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Y 936	<p>Continued From page 5</p> <p>2nd Step TB skin test.</p> <p>Resident #3 was admitted on 6/12/15. The resident's 1st Step TB skin test was administered on 6/5/15 and read on 6/8/15 with negative result. There was no documented evidence of a 2nd Step TB skin test.</p> <p>Resident #4 was admitted on 1/16/15. The resident's 1st Step TB skin test was administered on 1/10/15 and read on 1/13/15 with negative result. The 2nd Step TB test was administered on 8/3/15 and read on 8/5/15 with negative result. The 2nd Step did not meet the required timeline of 7-21 days after the 1st Step reading.</p> <p>Resident #15 was admitted on 1/13/15. The resident's 1st Step TB skin test was administered on 1/19/15 and read on 1/21/15 with negative result. The 2nd Step TB test was administered on 3/28/15 and read on 3/31/15 with negative result. The 2nd Step did not meet the required timeline of 7-21 days after the 1st Step reading.</p> <p>- On 10/6/15, at 3:30 PM, the Administrator explained they were under the impression that they had up to 365 days to complete the 2nd Step TB test of new residents. The Administrator indicated there was a home health nurse who came once a month to perform the TB skin tests.</p> <p>Severity: 2      Scope: 2</p>	Y 936		

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